

California Film & Television Tax Credit Program

FISCAL YEAR END EXPENDITURE REPORT APPLICANT INFORMATION Production Title: Credit allocation letter #: Report for Fiscal Year: Date: **Applicant Name:** Title: Company Name: PRODUCTION SCHEDULE (ACTUAL OR PROJECTED) Start of principal photography: End date of postproduction: LABOR STATISTICS FOR INSTATE WORK Total Crew/Cast/Labor Man-Days: Total Extras & Stand Ins Man-Days: **CA TAXABLE SPEND** Total Expenditures on Taxable Goods & Services: Total State Income Taxes Withheld: **QUALIFIED EXPENDITURES** E: Qualified Wages & Fringes (excluding post): **E2:** Qualified Wages & Fringes Post-Production only: F: Qualified (Non-Wage) Spend (excl. post): F2: Qualified (Non-Wage) Spend Post-Production only: **G:** Total Qualified Expenditures **(E+F)** (excluding post): **G2:** Total Qualified Expenditures Post-Production only (E2+F2): This report was prepared by: Signature: Date: Printed Name & Title: Phone: Email: